

159. DIAGNOSIS AND TREATMENT OF PATIENTS WITH POSTOPERATIVE PERITONITIS

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Introduction: the importance and the relevance of the study is based on the high incidence of postoperative peritonitis among postoperative complications, long time of hospital care and high rate of postoperative morbidity despite the applied complex treatment.

Materials and methods: the study group included 43 patients with postoperative peritonitis (14 after surgical procedures on the organs of the supramesocolic space, 23 in the inframesocolic organs, 6 on the organs of the pelvic region. The range of patient's age varies from 30 to 71 years with the prevalence of 51-60 years (32.5%). The gender prevalence was slightly increased among feminine gender (53%), the most frequent causes of postoperative peritonitis were the anastomotic leakage(25%) and breakdown of the digestive suture(27%).

The diagnosis of postoperative peritonitis was made by mean of clinical symptoms and the most common were: abdominal pain (95%), fever (95%), bloating of the abdomen (83%). From laboratory findings the most common signs were found by: blood analysis (leukocytosis, increased sed rate); ultrasound investigation (increased amount of peritoneal fluid); x-ray findings (pneumatosis intestinalis and pneumoperitoneum). The diagnosis was confirmed by laparocentesis with laboratory examination of peritoneal fluid.

Therapy of postoperative peritonitis was complex consisting of antimicrobial medication, detoxifying therapy, surgical therapy. Antibiotic therapy started with broad spectrum antibiotics and was replaced after microbiological findings with a narrow spectrum antibiotic. Surgical treatment consisted of adequate source control realized by large median laparotomy and lavage of the peritoneal cavity with placement of drains. All this led to a successful outcome in 32 patients (74.4%). Postoperative mortality was 11 patients (25.5%), determined mostly by septic shock (4 patients), MODS (3 patients) and others (4 patients).

Conclusion: Despite the progress obtained in the fields of diagnosis, antimicrobial therapy, intensive medical care and advance surgical treatment, the morbidity of patients with postoperative peritonitis was of 25.5% of patients. Thanks to evolution of diagnostic imaging methods such as (CT,MRI) the diagnosis of postoperative peritonitis is not a difficult task. The mean efforts should be targeted on: finding new prediction factors which would predict the unfavorable evolution of postoperative period; reevaluation and completion the methods of treatment which will allow us to decrease the morbidity of the patients with on-going postoperative peritonitis.